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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None, MC

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None, MC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

07/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>H. Scher</u> Initials <u>MC</u>				

## ADDRESS

27256

## TITLE

Diagnostic system for a data acquisition system

<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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